

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

PCT/BR 03/00200

International Application No.

10 DEZ 2003 19 12 03

International Filing Date

INT/BR 03/00200 INTERNATIONAL APPLICATION

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) **NM.01.BR**

Box No. I TITLE OF INVENTION

KERATOMETRIC MODULE FOR COUPLING TO SLIT LAMPS AND OR OCULAR MICROSCOPES

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Fundação de Amparo à Pesquisa do Estado de São Paulo
Rua Pio XI, 1500 - Alto da Lapa
São Paulo-SP
05468-901 - Brazil

Telephone No.
55 16 274-1988

Facsimile No.
55 16 274-1988

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

BR

State (that is, country) of residence:

BR

This person is applicant for the purposes of:

☐ all designated States

☒ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Schiabel, Liliâne Ventura
Rua Demétrio Mitre, 120 - Parque Santa Marta
São Carlos-SP
13564-220 - Brazil

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

BR

State (that is, country) of residence:

BR

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Pinheiro, Ednéa Casagrande
Nova Marca Consultores Associados Ltda.
Av. São Paulo, 789 - Centro
São Carlos/SP
13560-340 - Brazil

Telephone No.
55 16 274-1988

Facsimile No.
55 16 274-1988

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)	
<i>If none of the following sub-boxes is used, this sheet should not be included in the request.</i>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>Groote, Jean-Jacques George Soares de Rua Antonio Rodrigues Cajado, 2097 - Vila Monteiro São Carlos - SP 13560-380 - Brazil</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality: BR	State (that is, country) of residence: BR
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p> <p>Sousa, Sidney Júlio de Faria Rua Hortêncio Mendonça Ribeiro, 845 - Alto da Boa Vista Ribeirão Preto - SP 14025-590 - Brazil</p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality: BR	State (that is, country) of residence: BR
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality:	State (that is, country) of residence:
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><small>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</small></p>	<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
State (that is, country) of nationality:	State (that is, country) of residence:
<p>This person is applicant for the purposes of: <input type="checkbox"/> all designated States <input type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box</p>	
<p><input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.</p>	

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☒ AP ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☒ EA Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☒ EP European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☒ OA OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> AE United Arab Emirates | <input checked="" type="checkbox"/> HR Croatia | <input checked="" type="checkbox"/> OM Oman |
| <input checked="" type="checkbox"/> AG Antigua and Barbuda | <input checked="" type="checkbox"/> HU Hungary | <input checked="" type="checkbox"/> PG Papua New Guinea |
| <input checked="" type="checkbox"/> AL Albania | <input checked="" type="checkbox"/> ID Indonesia | <input checked="" type="checkbox"/> PH Philippines |
| <input checked="" type="checkbox"/> AM Armenia | <input checked="" type="checkbox"/> IL Israel | <input checked="" type="checkbox"/> PL Poland |
| <input checked="" type="checkbox"/> AT Austria | <input checked="" type="checkbox"/> IN India | <input checked="" type="checkbox"/> PT Portugal |
| <input checked="" type="checkbox"/> AU Australia | <input checked="" type="checkbox"/> IS Iceland | <input checked="" type="checkbox"/> RO Romania |
| <input checked="" type="checkbox"/> AZ Azerbaijan | <input checked="" type="checkbox"/> JP Japan | <input checked="" type="checkbox"/> RU Russian Federation |
| <input checked="" type="checkbox"/> BA Bosnia and Herzegovina | <input checked="" type="checkbox"/> KE Kenya | |
| <input checked="" type="checkbox"/> BB Barbados | <input checked="" type="checkbox"/> KG Kyrgyzstan | <input checked="" type="checkbox"/> SC Seychelles |
| <input checked="" type="checkbox"/> BG Bulgaria | <input checked="" type="checkbox"/> KP Democratic People's Republic of Korea | <input checked="" type="checkbox"/> SD Sudan |
| <input type="checkbox"/> BR Brazil | <input checked="" type="checkbox"/> KR Republic of Korea | <input checked="" type="checkbox"/> SE Sweden |
| <input checked="" type="checkbox"/> BY Belarus | <input checked="" type="checkbox"/> KZ Kazakhstan | <input checked="" type="checkbox"/> SG Singapore |
| <input checked="" type="checkbox"/> BZ Belize | <input checked="" type="checkbox"/> LC Saint Lucia | <input checked="" type="checkbox"/> SK Slovakia |
| <input checked="" type="checkbox"/> CA Canada | <input checked="" type="checkbox"/> LK Sri Lanka | <input checked="" type="checkbox"/> SL Sierra Leone |
| <input checked="" type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input checked="" type="checkbox"/> LR Liberia | <input checked="" type="checkbox"/> SY Syrian Arab Republic |
| <input checked="" type="checkbox"/> CN China | <input checked="" type="checkbox"/> LS Lesotho | <input checked="" type="checkbox"/> TJ Tajikistan |
| <input checked="" type="checkbox"/> CO Colombia | <input checked="" type="checkbox"/> LT Lithuania | <input checked="" type="checkbox"/> TM Turkmenistan |
| <input checked="" type="checkbox"/> CR Costa Rica | <input checked="" type="checkbox"/> LU Luxembourg | <input checked="" type="checkbox"/> TN Tunisia |
| <input checked="" type="checkbox"/> CU Cuba | <input checked="" type="checkbox"/> LV Latvia | <input checked="" type="checkbox"/> TR Turkey |
| <input checked="" type="checkbox"/> CZ Czech Republic | <input checked="" type="checkbox"/> MA Morocco | <input checked="" type="checkbox"/> TT Trinidad and Tobago |
| <input checked="" type="checkbox"/> DE Germany | <input checked="" type="checkbox"/> MD Republic of Moldova | |
| <input checked="" type="checkbox"/> DK Denmark | <input checked="" type="checkbox"/> MG Madagascar | <input checked="" type="checkbox"/> TZ United Republic of Tanzania |
| <input checked="" type="checkbox"/> DM Dominica | <input checked="" type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input checked="" type="checkbox"/> UA Ukraine |
| <input checked="" type="checkbox"/> DZ Algeria | <input checked="" type="checkbox"/> MN Mongolia | <input checked="" type="checkbox"/> UG Uganda |
| <input checked="" type="checkbox"/> EC Ecuador | <input checked="" type="checkbox"/> MW Malawi | <input checked="" type="checkbox"/> US United States of America |
| <input checked="" type="checkbox"/> EE Estonia | <input checked="" type="checkbox"/> MX Mexico | |
| <input checked="" type="checkbox"/> ES Spain | <input checked="" type="checkbox"/> MZ Mozambique | <input checked="" type="checkbox"/> UZ Uzbekistan |
| <input checked="" type="checkbox"/> FI Finland | <input checked="" type="checkbox"/> NI Nicaragua | <input checked="" type="checkbox"/> VC Saint Vincent and the Grenadines |
| <input checked="" type="checkbox"/> GB United Kingdom | <input checked="" type="checkbox"/> NO Norway | <input checked="" type="checkbox"/> VN Viet Nam |
| <input checked="" type="checkbox"/> GD Grenada | <input checked="" type="checkbox"/> NZ New Zealand | <input checked="" type="checkbox"/> YU Serbia and Montenegro |
| <input checked="" type="checkbox"/> GE Georgia | | <input checked="" type="checkbox"/> ZA South Africa |
| <input checked="" type="checkbox"/> GH Ghana | | <input checked="" type="checkbox"/> ZM Zambia |
| <input checked="" type="checkbox"/> GM Gambia | | <input checked="" type="checkbox"/> ZW Zimbabwe |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

☒ all new member becoming party after issuance of this form

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1) 07 JUL 2003	provisory number 003038	INPI-BR		
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items
 ☒ item (1)
 ☐ item (2)
 ☐ item (3)
 ☐ item (4)
 ☐ item (5)
 ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / AT

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

<input type="checkbox"/> Box No. VIII (i)	Declaration as to the identity of the inventor	:	
<input type="checkbox"/> Box No. VIII (ii)	Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent	:	
<input type="checkbox"/> Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application	:	
<input checked="" type="checkbox"/> Box No. VIII (iv)	Declaration of inventorship (only for the purposes of the designation of the United States of America)	:	03
<input type="checkbox"/> Box No. VIII (v)	Declaration as to non-prejudicial disclosures or exceptions to lack of novelty	:	

Box No. VIII (iv) DECLARATION: INVENTORSHIP (only for the purposes of the designation of the United States of America)
The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.

**Declaration of Inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))
 for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications: .provisory number 003038

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.

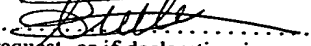
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name: Schiabel, Liliane Ventura

Residence: São Carlos-SP - Brazil
 (city and either US state, if applicable, or country)

Mailing Address: Rua Demétrio Mitre, 120 - Parque Santa Marta
 Zip Code 13564-220 - BR

Citizenship: Brazilian

Inventor's Signature: 
 (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)


Date: São carlos, December 10, 2003
 (of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

Name: Groote, Jean Jacques George Soares de

Residence: São Carlos-SP - Brazil
 (city and either US state, if applicable, or country)

Mailing Address: Rua Antonio Rodrigues Cajado, 2097 - Vila Monteiro
 Zip Code 13560-380 - BR

Citizenship: Brazilian

Inventor's Signature: 
 (if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: São Carlos, December 10, 2003
 (of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

☒ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

Continuation of Box No. VIII (i) to (v) DECLARATION

If the space is insufficient in any of Boxes Nos. VIII (i) to (v) to furnish all the information, including in the case where more than two inventors are to be named in Box No. VIII (iv), in such case, write "Continuation of Box No. VIII ..." (indicate the item number of the Box) and furnish the information in the same manner as required for the purposes of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation box must be used for each such declaration. If this Box is not used, this sheet should not be included in the request.


Continuation of box VIII (iv):

Name: Sousa, Sidney Júlio de Faria

Residence: Ribeirão Preto-SP - Brazil
(city and either US state, if applicable, or country)

Mailing Address: Rua Hortêncio Mendonça Ribeiro, 845 - Alto da Boa Vista
Zip Code 14025-590 BR

Citizenship: Brazilian

Inventor's Signature: 
(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date: . São Carlos., . december . 10 , . 2003 .
(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:

(a) in paper form, the following number of sheets:

request (including declaration sheets) : 7
 description (excluding sequence listings and/or tables related thereto) : 8
 claims : 2
 abstract : 1
 drawings : 4

Sub-total number of sheets : 22

sequence listings :
 tables related thereto :

(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)

Total number of sheets : 22

(b) ☐ only in computer readable form (Section 801(a)(i))

(i) ☐ sequence listings
 (ii) ☐ tables related thereto

(c) ☐ also in computer readable form (Section 801(a)(ii))

(i) ☐ sequence listings
 (ii) ☐ tables related thereto

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the

☐ sequence listings:
☐ tables related thereto:

(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)

This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):

Number of items

1. ☒ fee calculation sheet : 1
2. ☐ original separate power of attorney : 4
3. ☒ original general power of attorney : 4
4. ☐ copy of general power of attorney; reference number, if any: : 4
5. ☐ statement explaining lack of signature : 4
6. ☐ priority document(s) identified in Box No. VI as item(s): : 4
7. ☐ translation of international application into (language): : 4
8. ☐ separate indications concerning deposited microorganism or other biological material : 4
9. ☐ sequence listings in computer readable form (indicate type and number of carriers) : 4
 - (i) ☐ copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) : 4
 - (ii) ☐ (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter : 4
 - (iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column : 4
10. ☐ tables in computer readable form related to sequence listings (indicate type and number of carriers) : 4
 - (i) ☐ copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application) : 4
 - (ii) ☐ (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater) : 4
 - (iii) ☐ together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column : 4
11. ☒ other (specify): fees paid directly to INPI-BR : 03

Figure of the drawings which should accompany the abstract:

Language of filing of the international application:

English

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

NOVA MARCA CONSULTORES ASSOCIADOS LTDA.

CNPJ: 60.252.447/0001-57

EDNEA CASAGRANDE PINHEIRO

Ag. Cred. N.º 1251

For receiving Office use only		2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
1. Date of actual receipt of the purported international application:	19 DEZ 2003 19 12 03	
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid	

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

PCT/BR 03/00200

International Application No.

Applicant's or agent's
file reference

NM.01.BR

Date stamp of the receiving Office

Applicant

Fundação de Amparo à Pesquisa do Estado de São Paulo

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE
230CHF X R\$ 2,36 BRR 305,00 T

2. SEARCH FEE
International search to be carried out by AT R\$ 542,80 S

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 22
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

b1 first 30 sheets . 650CHF . X . R\$ 2,36 . R\$ 1.534,00 b1

b2 number of sheets x fee per sheet = b2
in excess of 30

b3 additional component (only if sequence listings and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x fee per sheet = b3

Add amounts entered at b1, b2 and b3 and enter total at B R\$ 1.534,00 B

Designation Fees

The international application contains 98 designations.

5 x 140CHF x R\$ 2,36 = R\$ 1.652,00 D
number of designation fees payable (maximum 5) amount of designation fee

Add amounts entered at B and D and enter total at I R\$ 3.186,00 I

(Applicants from certain States are entitled to a reduction of 75% of the international fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) R\$ 95,00 P

5. TOTAL FEES PAYABLE R\$ 4.128,80

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☐ authorization to charge
deposit account (see below)

☐ postal money order

☐ cash

☐ coupons

fees paid
directly to
the receiving
office

☐ cheque

☐ bank draft

☐ revenue stamps

☒ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☐ Authorization to charge the total fees indicated above.

☐ (This check-box may be marked only if the conditions for deposit accounts of the receiving Office so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.

☐ Authorization to charge the fee for priority document.

Receiving Office: RO/

Deposit Account No.:

Date:

Name:

Signature: